

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038713

**FILED**  
**Jul 17, 2006**  
**Secretary of State**

**Entity Name:** JOHN L. GOLDEN CERAMIC TILE LLC

**Current Principal Place of Business:**

RT 1 BOX 5100  
ALOPAHA, GA 31622

**New Principal Place of Business:**

RT 1 BOX 5100  
ALAPAHA, GA 31622

**Current Mailing Address:**

RT 1 BOX 5100  
ALOPAHA, GA 31622

**New Mailing Address:**

RT 1 BOX 5100  
ALAPAHA, GA 31622

**FEI Number:** 26-4944017      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GIANNETTI, CAMILLE  
747 42ND AVE. N.  
ST. PETERSBURG, FL 33703      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** GOLDEN, JOHN L  
**Address:** RT 1 BOX 5100  
**City-St-Zip:** ALOPAHA, GA 31622

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** GOLDEN, JOHN L  
**Address:** RT 1 BOX 5100  
**City-St-Zip:** ALAPAHA, GA 31622

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JOHN L GOLDEN

MGRM

07/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date